

EMPLOYER'S WITHHOLDING TAX AMENDED RETURN FOR OVERPAYMENTS

FORM
MO-941X
(REV. 11-99)

MO TAX ID NUMBER										TAX PERIOD (CC,YY,MM)									
BUSINESS NAME																			
ADDRESS																			
CITY, STATE, ZIP CODE																			
REASON FOR CHANGE <input type="checkbox"/> WITHHOLDING IN ERROR <input type="checkbox"/> OTHER _____										<input checked="" type="checkbox"/> CREDIT <input checked="" type="checkbox"/> REFUND									
I have direct control, supervision or responsibility for filing this return and payment of the tax due. Under penalties of perjury, I declare it is a true, accurate and complete return.																			
AUTHORIZED SIGNATURE															DATE				
TELEPHONE										Mail return and supporting documentation such as payroll ledger, payroll reports, Form W-2(s), etc. to: Missouri Department of Revenue, P.O. Box 999, Jefferson City, MO 65108-0999.									

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|---|----|--|--|--|--|--|--|--|--|---|---|---|
| 1. Withholding
This Period | \$ | | | | | | | | | . | 0 | 0 |
| 2. Compensation
Deduction | \$ | | | | | | | | | . | 0 | 0 |
| 3. Previous Overpay/
Payments | \$ | | | | | | | | | . | 0 | 0 |
| 4. Balance | \$ | | | | | | | | | . | 0 | 0 |
| 5. Additions to Tax
(see Instructions) ... | \$ | | | | | | | | | . | 0 | 0 |
| 6. Interest
(see Instructions) ... | \$ | | | | | | | | | . | 0 | 0 |
| 7. Overpayment | \$ | | | | | | | | | . | 0 | 0 |

DOR USE ONLY

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